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To United States District Court

RE: Harry L. Samuel dec = 3 CA 05-0037-5LR

Thomas Carroll

- 1. The plaintiff submit that on 2-15-2005. The Dentist Dr. Monson, Call me in the Interview Just to Confirm what TK Kionke said at my Medical Grievance hearing (see Exhibit A-19 medical Grievance) and gave me a appeal form. It has been 5 and a half months now and Still no treatment. The plaintiff Claim the Dentist and or the Warden/Designee lack diligence in treating plaintiff's tooth. The plaintiff inform Dr. Monson that he has filed suit. (See Exhibit A-20).
- 2. on or about 2-4-2005 plaintiff was up graded off level one (See Exhibit (-1) To level Two. Still in [Plaintiff was informed that counselor Mcfadden quit
- 3. The plaintiff Submit in Support of his Statment of Claims the plaintiff argues that once the plaintiff is put behind the bars of the Shower door and in the Shower, the Plaintiff is Kept in the shower until the guard get ready, to let the plaintiff out of the Shower and most of the time the plaintiff is left in the shower for a long time.
- 4. plaintiff submit that after seeing Mental heath, IMAD for the head ach pain from the Stress of being put in Maximum the plaintiff next seen Mental health Ms. gatlen, she said she was going to give plaintiff some Mental Health reading Material to read to help me with my stress and head achs.

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Smyrna Landing Road **SMYRNA DE, 19977** Phone No. 302-653-9261

## GRIEVANCE REPORT

OFFENDER GRIEVANCE INFORMATION

Offender Name: SAMUEL, HARRY L

SBI#

: 00201360

Institution

: DCC

Grievance #

: 7953

Grievance Date : 10/07/2004

Category

: Individual

Status

Resolution Status:

Resol. Date

: Unresolved

IGC

Grievance Type: Health Issue (Medical) : Merson, Lise M

SBI#

Incident Date : 09/05/2004 Incident Time:

Housing Location: Bldg 21, Lower, Tier B, Cell 9, Bottom

#### OFFENDER GRIEVANCE DETAILS

Description of Complaint: I requested to get treatment from the dentist by putting a sick call slip in the sick call box on 9/7/04. Sgt. Sullivan gave me sick call form after I reported my dental problem to him. I put in two other sick calls for this matter and my problem is filling is out and I got a big hole in my tooth if not treated I will lose my tooth. 2. Also warden forware a letter to have braces to fix my front teeth. It's been years the dentist didn't call yet. The reason I am submitting this grievance is because it has been a month and I haven't seen the dentist in a month sence my request. The dentist assistant seen me after a month but no treatment now it been another month and no treatment.

Remedy Requested

Type

: To have my toth fill in by the dentist soon before I loose my tooth and have to have my front teeth

braced like warden said he notified the dentist supervisor to take action.

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#### ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance: YES

Date Received by Medical Unit: 10/22/2004

Investigation Sent: 10/22/2004

Investigation Sent To

: Wolken, Gina

Grievance Amount:

Exhibit A-19

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DCC Delaware Correctional Center Smyrna Landing Road **SMYRNA DE, 19977** Phone No. 302-653-9261

Page 3 of 4 Date: 10/27/2004

: DCC

: Individual

## INFORMAL RESOLUTION

### OFFENDER GRIEVANCE INFORMATION

Grievance #

Offender Name SAMUEL, HARRY L

: 7953

: Unresolved

Grievance Type: Health issue (Medical)

: Merson, Lise M

Grievance Date: 10/07/2004

SBI#

Resolution Status:

Incident Date

: 09/05/2004

: 00201360

Incident Time:

Institution

Category

Housing Location: Bldg 21, Lower, Tier B, Cell 9, Bottom

Inmate Status:

INFORMAL RESOLUTION

Investigator Name : Wolken, Gina

Investigation Report:

Reason for Referring:

Date of Report 10/22/2004

11/2/04: Pt. doesn't want to sign off until he gets the treatment. Worned him fillings take ~ 8-9 months.

KKionke

Offender's Signatur	e:	
Date	:	
Witness (Officer)	:	

Exhibit A-19

# **Grievance Appeal Form**

This must be completed and returned to the IGC within receipt of the Warden/Designee Decision

Grievant: Harry Samuel SBI#: 00201360

Housing Unit: 19 (30) Case#: 7953

Date: Tuesday, February 15, 2005 Due Date: Friday, February 19, 2005

This form is to be used Only in the event of a decision appeal. Please specify the reason for the appeal in the space below.

The reason for this go Appeal is I have a sign hale In my tooth that needs to be filled.

and Dr. monson from the Medical greivance

Committee told me she Call me down to

Committee told me she Call me down to
the Interview room to conferm what TK Kienke
said at my Greivance hearing that it takes & to 9
months to fill my toth. (See Exhibit A-19 Medical
Grievance) it now has been five and a half months
and Still no treatment. Every time I eat
I think my tooth is going to break without
being properly filled. The mason for this appeal
is the Dentist lack of diligence of the treatment
of my tooth.

If you need additional space, attach 8.5" X 11" size sheets of paper.

This form to samuel from Ms. Monson at hearing 2-15-2005-Exhibit A-20